

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FEE BASIS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51		
2		1					52		
3		1					53		
4		2					54		
5		2					55		
6		2					56		
7		2					57		
8		2					58		
9		2					59		
10		2					60		
11		2					61		
12		2					62		
13		2					63		
14		2					64		
15		2					65		
16	1						66		
17	1						67		
18							68		
19							69		
20							70		
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37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			3				TOTAL IND.		
TOTAL DEP.		14					TOTAL DEP.		
TOTAL CLAIMS			1				TOTAL CLAIMS		

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